

Q

To: Stanley Taylor - COMMISSIONER

FROM: Julian Miller

RE: INADEQUATE MEDICAL TREATMENT

CONSTITUTIONAL RIGHTS VIOLATION

9-9-04

Third Notice

MR. COMMISSIONER,

Respectfully I'm writing you for the third and final time before I am forced to take this issue before the U.S. District Court for relief from this cruel and unusual punishment proscribed by the Eighth Amendment to the U.S. Constitution. I want to make sure that it is "perfectly clear" what's going on here. My situation is this: my arches in my feet fell in JAN 2004. It is now Sept 9th 2004 and my feet have not been visually examined to date, despite the continuous and ongoing complaints I've made via sick-call slips and grievances about the pain, swelling and progression of this ailment. I've also requested to be seen by a specialist or to be sent to an outside doctor on numerous occasions of which I have records. RN Thomas made it very clear to me in JAN when I initially went to see her, that DCC was under a "money saving" policy and she directed my attention to a memo ~~stated~~ signed by Dr. Hie stating that "they do not issue medically purchased sneakers or corrective shoes anymore." Dr. Hie told me (without examining my feet) that I did not qualify for medically purchased sneakers even though I could barely walk into her office. It got so bad that it became a SECURITY PROBLEM i.e. Lt. Dixon, Lt. Satterfield, Lt. Sekoy all questioned me as to

why it was taking me so long to get to ~~the mess halls~~ from my housing unit. Lt. Ryde even escorted me over to medical on an emergency visit to inquire why two months had passed and nothing had been done for me. He spoke to Dr. Hile personally who told him I was on the list to see her the next day - but it was a month later before I seen her. I say that to say it had become so obvious that even a person with no medical background could see I needed a doctor's attention. I haven't been able to walk, exercise or sleep properly since Jan and it appears that the medical staff is deliberately ignoring my complaints of pain and their lack of treatment has caused a very serious situation. I've begun to lose feeling in my toes from time to time along with the pain and swelling. Mr. Taylor you have the power and legal duty to intervene in this matter - I've gone far too long without treatment. This could have been avoided by them ordering me a \$40.00 pair of sneakers with support or even a \$200.00 pair of orthopedic shoes. Now I may have to have surgery. I would appreciate you acting in this matter. This is a copy of an original notice. Thank you for your time, J.H. Miller

R

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name: MULHERN, JULIAN A SBI# : 00393626 Institution : DCC
Grievance #: 6810 Grievance Date : 09/06/2004 Category : Individual
Status : Unresolved Resolution Status: Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 09/06/2004 Incident Time :
C : Merson, Lise M Housing Location :Bldg D-EAST, Tier F, Cell 22, Bottom

INFORMAL RESOLUTION

Investigator Name: Hastings, Terry L

Date of Report 09/14/2004

Investigation Report:

Reason for Referring:

D. Lise has denied
Take to Level II

Offender's Signature: _____

Date : 9/21/04

Witness (Officer) : Terry Hastings

S

**DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261**

Date: 01/26/2005

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI#	: 00393626	Institution	: DCC
Grievance # : 6816	Grievance Date	: 09/06/2004	Category	: Individual
Status : Resolved	Resolution Status	: Level 3	Inmate Status	:
Grievance Type: Health Issue (Medical)	Incident Date	: 09/06/2004	Incident Time	:
IGC : Merson, Lise M	Housing Location	: Bldg D-EAST, Tier F, Cell 22, Bottom		

1G

Medical Provider: _____ **Date Assigned:** _____

Comments:

Forward to MGC

Warden Notified

Forward to RGC

Offender Signature

Date Forwarded to RGC/MGC : 10/12/2004

Offender Signature Captured Date Offender Signed

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 01/26/2005

GRIEVANCE INFORMATION MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

MGC

Date Received : 10/12/2004

Date of Recommendation: 10/19/2004

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Reeve, Diane	Deny
Staff		Breton, Monique	Deny
Staff		Dunn, Lee Anne	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0	Deny : 3	Abstain : 1
------------	----------	-------------

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Denied

Recommend an appointment with Dr. Alie
 Appeal form given with instructions.

T

DCC Delaware Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 01/26/2005

GRIEVANCE INFORMATION - BGO**OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

DECISION

Date Received : 10/26/2004

Decision Date : 11/16/2004 Vote : Uphold

Comments :

I recommend that FCM immediately authorize an outside consult with a foot specialist to address the Grievant's condition, which their treatment protocol has been unable to solve.

U

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 01/26/2005

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

DECISION

Decision Date: 01/03/2005 Vote : Uphold

Comments :

I concur with the recommendation of the BGO.

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

January 3, 2005

Inmate MILLER JULIAN A
SBI # 00393626
DCC Delaware Correctional Center
SMYRNA DE, 19977

Dear JULIAN MILLER:

We have reviewed your Grievance Case # 6816 dated 09/06/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

V

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Julian A. Miller

COURT CASE NUMBER

04-1367 (KAJ)

DEFENDANT

Dr. Alie

TYPE OF PROCESS

Order / Complaint

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dr. Alie Medical Director

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

DCC 1181 paddock Road Smyrna, Del 19977

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Julian A. Miller
393626 D-East F22
1181 Paddock Road
Smyrna, Delaware 19977

Number of process to be served with this Form - 285	1
---	---

Number of parties to be served in this case	5
---	---

Check for service on U.S.A.	
-----------------------------	--

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

PAUPER CASE

ES-5
JULY 27
2005

Signature of Attorney or other Originator requesting service on behalf of: <i>Julian A. Miller</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	<i>933-05</i>	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____		<i>BF</i>	<i>5-31</i>

I hereby certify and return that I have personally served, have legal evidence of service; have executed as shown in "Remarks"; the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
--	---

Address (complete only if different than shown above)	Date of Service	Time
	<i>BF</i>	
	Signature of U.S. Marshal or Dep't	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of R
-------------	--	----------------	---------------	------------------	--------------------------------	-------------

REMARKS:

Walter returned

175 Copy

RETURN OF WAIVER OF SERVICE OF SUMMONS

I acknowledge receipt of the request that I can waive service of summons in the matter of C.A. No. 04-1367 in the United States District of Delaware. I have also received a copy of the complaint in the action, two copies of this form, a copy of the Order of the Court authorizing service and a means by which I can return the signed waiver without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4. I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the Court, except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against the party on whose behalf I am acting if a response is not served and filed within 60 days after: May 4, 2005.

Date: 6/23/05

S. Alie, M.D.

Signature of Defendant

Printed or Typed Name

SITA B. ALIE, MD

DUTY TO AVOID UNNECESSARY COST OF SERVICE OF SUMMONS

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary cost of service of the summons and the complaint. **A defendant located in the United States, who, after being notified of an action and asked to waive service of summons on behalf of a plaintiff located in the US, fails to do so will be required to bear the cost of such service unless good cause be shown for that defendant's failure to sign and return the waiver.**

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over defendant's person or property. A defendant who waives service of summons retains all defenses and objections, except any relating to the summons or the service of summons, and may later object to the jurisdiction of the Court or to the place to where the action has been brought.

A defendant who waives service must within the time specified on the "Return of Waiver" form served on plaintiff, if unrepresented or on plaintiff's attorney, a response to the Complaint and must also file a signed copy of the response with the Court. If the answer or a motion is not served within this time, a default judgement may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

U.S. Department of Justice
- United States Marshals Service

PROCESS RECEIPT AND RETURN
*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF	COURT CASE NUMBER
Julian A. Miller	04-367 KAS
DEFENDANT	TYPE OF PROCESS
Stanley Taylor, ; Commissioner	Order/Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
→	Stanley Taylor ,; DOC Commissioner
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	245 M ^c Kee Road Dover, Delaware 19901
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<input type="checkbox"/> Julian A. Miller 393626 D-East F22 1181 paddock Road Smyrna, Delaware 19977	
Number of process to be served with this Form - 285 1	
Number of parties to be served in this case 1	
Check for service on U.S.A. ✓	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

PAUPER CASE

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Julian A. Miller</i>	<input type="checkbox"/> DEFENDANT		3-3-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.	<i>DF</i>	5-3-05

I hereby certify and return that I have personally served; have legal evidence of service; have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode,	
Address (complete only if different than shown above)	Date of Service	Time
	<i>5/12/05</i>	am pm
Signature of U.S. Marshal or Deputy <i>OP</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

Waiver returned

USMS copy

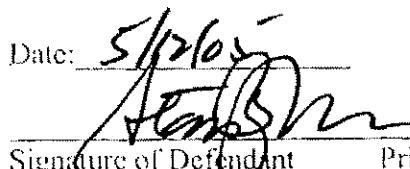
RETURN OF WAIVER OF SERVICE OF SUMMONS

I acknowledge receipt of the request that I can waive service of summons in the matter of C.A. No. 04-1367 in the United States District of Delaware. I have also received a copy of the complaint in the action, two copies of this form, a copy of the Order of the Court authorizing service and a means by which I can return the signed waiver without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4. I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the Court, except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against the party on whose behalf I am acting if a response is not served and filed within 60 days after: May 4, 2005.

Date: 5/26/05



Printed or Typed Name

Stan Taylor

Signature of Defendant

DUTY TO AVOID UNNECESSARY COST OF SERVICE OF SUMMONS

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary cost of service of the summons and the complaint. A defendant located in the United States, who, after being notified of an action and asked to waive service of summons on behalf of a plaintiff located in the US, fails to do so will be required to bear the cost of such service unless good cause be shown for that defendant's failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over defendant's person or property. A defendant who waives service of summons retains all defenses and objections, except any relating to the summons or the service of summons, and may later object to the jurisdiction of the Court or to the place to where the action has been brought.

A defendant who waives service must within the time specified on the "Return of Waiver" form served on plaintiff, if unrepresented or on plaintiff's attorney, a response to the Complaint and must also file a signed copy of the response with the Court. If the answer or a motion is not served within this time, a default judgement may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Julian A. Miller	COURT CASE NUMBER	04-1367 KAJ
DEFENDANT	Thomas Carroll	TYPE OF PROCESS	Order / Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Thomas Carroll, ; DCC Warden		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DCC 1181 Paddock Road Smyrna, Del 19977		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input checked="" type="checkbox"/> Julian A. Miller 393626 D-East F22		Number of parties to be served in this case	5
<input checked="" type="checkbox"/> 1181 Paddock Road Smyrna, Delaware 19977		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PAUPER CASE

JP
SCAN
AM 10:22
*FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE*

Signature of Attorney or other Originator requesting service on behalf of: <i>Julian A. Miller</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		3-3-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date <i>53-05</i>
---	---------------	--------------------	-------------------	---	----------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks" the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
--	---

Address (complete only if different than shown above)	Date of Service <i>5/9/05</i>	Time am <i>pm</i>
	Signature of U.S. Marshal or Deputy <i>BF</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

Weaver returned

DRAFT COPY

RETURN OF WAIVER OF SERVICE OF SUMMONS

I acknowledge receipt of the request that I can waive service of summons in the matter of C.A. No. 04-1367 in the United States District of Delaware. I have also received a copy of the complaint in the action, two copies of this form, a copy of the Order of the Court authorizing service and a means by which I can return the signed waiver without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4. I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the Court, except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against the party on whose behalf I am acting if a response is not served and filed within 60 days after: May 4, 2005.

Date: 5/9/05

Dinner L. Carroll Thomas L. Carroll
Signature of Defendant Printed or Typed Name

DUTY TO AVOID UNNECESSARY COST OF SERVICE OF SUMMONS

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary cost of service of the summons and the complaint. **A defendant located in the United States, who, after being notified of an action and asked to waive service of summons on behalf of a plaintiff located in the US, fails to do so will be required to bear the cost of such service unless good cause be shown for that defendant's failure to sign and return the waiver.**

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over defendant's person or property. A defendant who waives service of summons retains all defenses and objections, except any relating to the summons or the service of summons, and may later object to the jurisdiction of the Court or to the place to where the action has been brought.

A defendant who waives service must within the time specified on the "Return of Waiver" form served on plaintiff, if unrepresented or on plaintiff's attorney, a response to the Complaint and must also file a signed copy of the response with the Court. If the answer or a motion is not served within this time, a default judgement may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

CERTIFICATE OF SERVICE

I hereby certify that on June 9, 2006, I electronically filed with the Clerk of Court
**Declaration of Plaintiff Julian Miller in Opposition to State Defendants' Joint
Motion to Dismiss Pursuant to Rules 12(b)(1) and 12(b)(6) of the Federal Rules of
Civil Procedure and in Support of his Motion for Leave to File A Second Amended
Complaint** using CM/ECF which will send electronic notification of such filing(s) to the
following Delaware counsel, and by Registered Mail, Return Receipt Requested to Dr.
Sitta B. Gombeh-Alie at the address below.

BY EMAIL AND BY HAND

Aaron R. Goldstein (I.D. No. 3735)
Department of Justice
820 N. French Street
6th Floor
Wilmington, DE 19801
(302) 577-8400
aaron.goldstein@state.de.us

*Attorney for Defendants
Stanley Taylor and Thomas Carroll*

**BY REGISTERED MAIL
RETURN RECEIPT REQUESTED**

Dr. Sitta B. Gombeh-Alie
802 Ridge Court
Cantwell Ridge
Middletown, DE 19709

/s/ Sean P. Hayes
Sean P. Hayes